



TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/821756	
	Filing Date	4/8/2004	
	First Named Inventor	Bradley E. Johanson	
	Art Unit	2451	
	Examiner Name	TIV, BACKHEAN	
Total Number of Pages in This Submission		Attorney Docket Number	S03-093/US

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawings	<input type="checkbox"/> After Allowance Comm. to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related papers	<input type="checkbox"/> Appeal Comm. to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Comm. to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/Declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Corresp. Address	<input type="checkbox"/> Statement under 3.73(b)
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Declaration
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	<input type="checkbox"/> Assignment
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> Recordation Cover Sheet
<input type="checkbox"/> Certified Copy of Priority Doc(s)	<input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> Other (Specified below)
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	Other:	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

FIRM NAME	LUMEN PATENT FIRM		
SIGNATURE	/ Trieu T. Mai / Reg.No. 61,354		
PRINTED NAME	Trieu T. Mai		
DATE	12/17/08	REGISTRATION NUMBER	61,354

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below:	
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PRINTED NAME	Patricia Shepherd
DATE	12/17/08

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No.: 10/821,756

Conf. No.: 2458

5 First named inventor: Johanson, Bradley E.

Filing date: 4/8/2004

Title: Event Heap: A Coordination Infrastructure for Dynamic
Heterogeneous Application Interactions in Ubiquitous
Computing Environments

10 TC/A.U.: 2451

Examiner: Tiv, Backhean

Docket No.: S03-093/US

Customer No.: 30869

15 **Reply**

Commissioner for Patents
Alexandria, VA 22313-1450

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Sir:

This reply is in response to an office action dated October 31, 2008. With this reply
Applicant kindly submits the following.

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